

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number A01463

First Named Inventor

Brian Michael Bridgewater

**COMPLETE IF KNOWN**

Application Number

Filing Date

Herewith

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AQUEOUS COATING COMPOSITION

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeders rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

|   |  |                                      |   |         |                          |                              |
|---|--|--------------------------------------|---|---------|--------------------------|------------------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/>   |  | Customer Number<br>or Bar Code Label | 21898   | OR      | <input type="checkbox"/> | Correspondence address below |
| Name  |  |                                      |   |         |                          |                              |
| Address   |  |                                      |   |         |                          |                              |
| City  |  |                                      | State   |         | ZIP                      |                              |
| Country   |  | Telephone                            |   |         | Fax                      |                              |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                                      |   |         |                          |                              |
| NAME OF SOLE OR FIRST INVENTOR  |  |                                      | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |                          |                              |
| Given Name<br>(first and middle (if any))   |  |                                      | Family Name<br>or Surname   |         |                          |                              |
| Brian Michael   |  |                                      | Bridgewater   |         |                          |                              |
| Inventor's<br>Signature   |  |                                      | <i>Brian Michael Bridgewater</i>  |         | Date                     |                              |
| 9/15/2003   |  |                                      |   |         |                          |                              |
| Residence: City   |  | State                                |   | Country |                          | Citizenship                  |
| Lawrenceville   |  | New Jersey                           |   | US      |                          | Great Britain                |
| Mailing Address   |  |                                      |   |         |                          |                              |
| 416 White Pine Circle   |  |                                      |   |         |                          |                              |
| City  |  | State                                |   | ZIP     |                          | Country                      |
| Lawrenceville   |  | New Jersey                           |   | 08648   |                          | US                           |
| NAME OF SECOND INVENTOR:  |  |                                      | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |                          |                              |
| Given Name<br>(first and middle (if any))   |  |                                      | Family Name<br>or Surname   |         |                          |                              |
| Martin John   |  |                                      | Deetz   |         |                          |                              |
| Inventor's<br>Signature   |  |                                      | <i>Martin John Deetz</i>  |         | Date                     |                              |
| 9/18/2003   |  |                                      |   |         |                          |                              |
| Residence: City   |  | State                                |   | Country |                          | Citizenship                  |
| Maple Glen  |  | Pennsylvania                         |   | US      |                          | USA                          |
| Mailing Address   |  |                                      |   |         |                          |                              |
| 202 Cherokee Circle   |  |                                      |   |         |                          |                              |
| City  |  | State                                |   | ZIP     |                          | Country                      |
| Maple Glen  |  | Pennsylvania                         |   | 19002   |                          | US                           |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |  |                                      |   |         |                          |                              |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

|   |                 |   |                        |
|---|-----------------|---|------------------------|
| <b>Name of Additional Joint Inventor, if any:</b>   |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name <b>Ralph Craig</b>                       |                 | Family Name <b>Even</b><br>or Surname   |                        |
| Inventor's Signature <i>Ralph Craig Even</i>        |                 | Date <i>9/5/03</i>  |                        |
| Residence: City <b>Blue Bell</b>                    | State <b>PA</b> | Country <b>US</b>   | Citizenship <b>USA</b> |
| Mailing Address <b>1424 Mauck Road</b>              |                 |   |                        |
| Mailing Address                                     |                 |   |                        |
| City <b>Blue Bell</b>                               | State <b>PA</b> | ZIP <b>19422</b>  | Country <b>US</b>      |
| <b>Name of Additional Joint Inventor, if any:</b>   |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name <b>Matthew Stewart</b>                   |                 | Family Name <b>Gebhard</b><br>or Surname                                      |                        |
| Inventor's Signature <i>Matthew Stewart Gebhard</i> |                 | Date <i>9/5/03</i>  |                        |
| Residence: City <b>New Britain</b>                  | State <b>PA</b> | Country <b>US</b>   | Citizenship <b>USA</b> |
| Mailing Address <b>158 Woodland Drive</b>           |                 |   |                        |
| Mailing Address                                     |                 |   |                        |
| City <b>New Britain</b>                             | State <b>PA</b> | ZIP <b>18901</b>  | Country <b>US</b>      |
| <b>Name of Additional Joint Inventor, if any:</b>   |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name <b>Caren Ann</b>                         |                 | Family Name <b>Puschak</b><br>or Surname                                      |                        |
| Inventor's Signature <i>Caren Ann Puschak</i>       |                 | Date <i>9/5/03</i>  |                        |
| Residence: City <b>Norristown</b>                   | State <b>PA</b> | Country <b>US</b>   | Citizenship <b>USA</b> |
| Mailing Address <b>3005 Blackswift Road</b>         |                 |   |                        |
| Mailing Address                                     |                 |   |                        |
| City <b>Norristown</b>                              | State <b>PA</b> | ZIP <b>19403</b>  | Country <b>US</b>      |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                             |
|------------------------|-----------------------------|
| Application Number     |                             |
| Filing Date            | Herewith                    |
| First Named Inventor   | Brian Michael Bridgewater   |
| Title                  | Aqueous Coating Composition |
| Group Art Unit         |                             |
| Examiner Name          |                             |
| Attorney Docket Number | A01463                      |

I hereby appoint:

☒ Practitioners at Customer Number

21898

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Brian Michael Bridgewater

Signature

*Brian Michael Bridgewater*

Date

9/5/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                             |
|------------------------|-----------------------------|
| Application Number     |                             |
| Filing Date            | Herewith                    |
| First Named Inventor   | Brian Michael Bridgewater   |
| Title                  | Aqueous Coating Composition |
| Group Art Unit         |                             |
| Examiner Name          |                             |
| Attorney Docket Number | A01463                      |

I hereby appoint:

☒ Practitioners at Customer Number

21898

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Martin John Deetz

Signature

*Martin John Deetz*

Date

9/8/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                             |
|------------------------|-----------------------------|
| Application Number     |                             |
| Filing Date            | Herewith                    |
| First Named Inventor   | Brian Michael Bridgewater   |
| Title                  | Aqueous Coating Composition |
| Group Art Unit         |                             |
| Examiner Name          |                             |
| Attorney Docket Number | A01463                      |

I hereby appoint:

☒ Practitioners at Customer Number

21898

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Ralph Craig Even

Signature

*Ralph Craig Even*

Date

9/5/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                             |
|------------------------|-----------------------------|
| Application Number     |                             |
| Filing Date            | Herewith                    |
| First Named Inventor   | Brian Michael Bridgewater   |
| Title                  | Aqueous Coating Composition |
| Group Art Unit         |                             |
| Examiner Name          |                             |
| Attorney Docket Number | A01463                      |

I hereby appoint:

☒ Practitioners at Customer Number

21898

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Matthew Stewart Gebhard

Signature

*Matthew Stewart Gebhard*

Date

9/05/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |                             |
|------------------------|-----------------------------|
| Application Number     |                             |
| Filing Date            | Herewith                    |
| First Named Inventor   | Brian Michael Bridgewater   |
| Title                  | Aqueous Coating Composition |
| Group Art Unit         |                             |
| Examiner Name          |                             |
| Attorney Docket Number | A01463                      |

I hereby appoint:

- ☒ Practitioners at Customer Number 21898 → Place Customer  
Number Bar Code  
Label here
- OR
- ☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

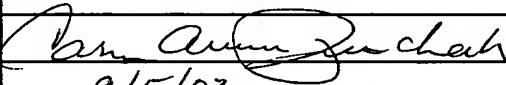
- ☒ The above-mentioned Customer Number.
- OR
- ☐ Practitioners at Customer Number   → Place Customer  
Number Bar Code  
Label here
- OR

|  |       |     |  |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| Address  |       |     |  |
| City   | State | Zip |  |
| Country  |       |     |  |
| Telephone  | Fax   |     |  |

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

|           |   |
|-----------|---|
| Name      | Caren Ann Puschak   |
| Signature |  |
| Date      | 9/5/03  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.